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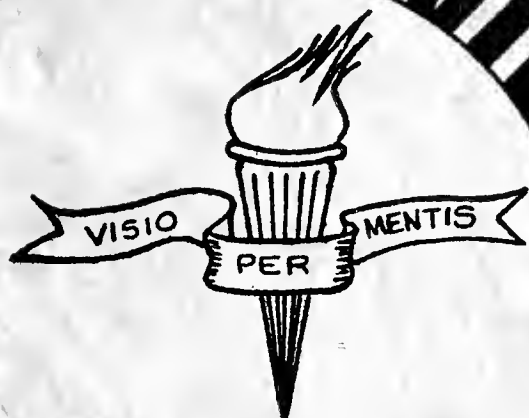
JANUARY - FEBRUARY, 1953

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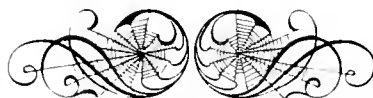
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PUBLISHED BY THE STUDENTS OF THE MASSACHUSETTS COLLEGE OF OPTOMETRY

THE SCOPE



VOLUME XXIV

NUMBER 1

JAN.-FEB. 1953

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Inquiring Reporter

Morton Greendorfer

Question — Should optometrists do their own shop work?

DR. FOSTER NAMIAS — Yes, as it is better from an economic standpoint. A new optometrist can utilize his spare time. Since we understand the construction and mounting of frames we are able to make a proficient adjustment to the patient's face. Also, an optometrist can give better service when it is required by the patient.

ALAN GREAVES — Sophomore — Although having only scratched the surface of shop work and optometry in general, it is my opinion that optometrists should do as much of their own shop work as possible. I believe that at the start, when the practice is slow, the major part of the shop work should be done by the optometrist himself. However, as his practice becomes larger and more and more time is taken up in refracting, bookkeeping, fitting, etc., he should send a proportionate part of his shop work to an optical house.

Certain jobs take a little more consideration than

do others. By tending to these himself, the optometrist knows that he is getting exactly what he wants because he is depending upon no one but himself. The income factor is also a consideration.

TONY CARAMBIA — Junior — Yes, in this manner, the optometrist can be assured that his Rx is correct. Our training will qualify us adequately to do our own grinding. The optometrist will receive a greater satisfaction when he does his own work.

FRANCIS DE CESARE — Freshman — Yes, especially if the optometrist possesses manual dexterity. A young optometrist should keep himself busy due to a lack of patients. This work will give the young optometrist a necessary feeling of accomplishment. The new optometrist should keep busy with shop work to avoid discouragement.

SAUL PURCELL — Senior — Yes, the optometrist must give the patient a complete unit service. Fitting and adjusting glasses must be part of a routine optometric examination and the optometrist is adequately trained in these phases.



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NORTHEASTERN DIVISION

Pupillary Reflexes

by Arthur O. Bruce, M.D.

Instructor in Ocular Anatomy

In examining the pupillary reflexes, there are four conditions usually found which might be of diagnostic significance. The conditions are the following:

1. The Argyll Robertson Pupil
2. Dilated pupils
3. Constricted pupils
4. Unequal pupils

1. *Argyll Robertson Pupil.* Reacts to near but not to light. Pupil usually small. Any pupil reacting this way is usually considered an Argyll Robertson, whether small or otherwise.

True Argyll Robertson pupil nearly always diagnostic of neurosyphilis, especially tabes dorsalis or dementia paralytica.

Occasionally found in diseases of midbrain. In some midbrain lesions, pupil may not be small and occasionally in these diseases we do get a lost reaction to distance as well.

Large Argyll Robertson pupils may be found in neurosyphilis.

2. *Dilated Pupils.* Phthisical cases often show temporary dilation of one or both pupils. Often complete blindness or very low visual acuity will cause dilated pupils. A number of other diseases may cause this condition. The following should be looked for:

Distress or strong emotion; many fevers or comatose states; glaucoma; ophthalmo-

plegia; mydriatic drugs, atropine, cocaine, etc.; sub-dural hematoma; pupil may be dilated on affected side.

3. *Constricted Pupils.* Commonly found in the aged; in photophobia; drugs such as morphine, eserine, pilocarpine, etc.

Lesions of cervical sympathetic chain or pathways in brain or spinal cord, may produce miosis with slight drooping of the upper lid, enophthalmos, diminished sweating on homolateral side of the face. This combination is known as Horner's syndrome and is usually found in aortic aneurism or apical intrathoracic tumor, syringomyelia, or involvement higher up as an infarct of the medulla.

Contraction with irregular outline and sluggish or absent reactions might indicate iritis (posterior synechiae) or syphilis of the central nervous system.

4. *Unequal Pupils.* This is common in neurosyphilis. Any disorder which dilates or contracts one pupil and not the other. Sympathetic paralysis and iritis are common causes.

If the unequal pupils are due to neurosyphilis, they are usually of the Argyll Robertson type, others are not apt to be. Sometimes unequal pupils are seen in tuberculosis meningitis. Occasionally they are found in other types of meningitis or other intracranial diseases.

Camera Club News

by G. Nissensohn

Having written about "lens speed" in my last article, I would like to discuss a part of the camera that is used in conjunction with the above and is just as important in the operation of the camera. This part is the shutter and the so-called "shutter speed."

The purpose of the shutter is to provide an accurate means of measuring the exact amount of light which passes through the lens. The "shutter speed" is the time that the shutter will stay open and is usually noted as fractions of seconds. The modern cameras usually run from 1/5 to 1/1000 of a second. The most commonly used speeds are from 1/25 to around 1/150. Use of speeds slower

than 1/25 require a steady support in order to avoid blurriness due to movement of camera. Faster speeds are required when rapidly moving objects are being photographed.

In determining which speed to use, the following information may be of some help: 1/25 to 1/100 speeds are used for average subjects where no motion is apparent. 1/100 or 1/150 speeds are used where there are slow moving objects. . . . people walking, etc. 1/300 to 1/1000 are used for rapid action subjects . . . racing cars, etc.

We must remember that the shutter speed to use is the one which permits sufficient light to

(Please turn to page seven)

Visual Progress

Ira Schwartz

Dr. Ingeborg Schmidt recently reported an interesting study which should be of direct interest to optometrists. Her work entailed the use of fluorescent and other illuminants in the testing of color vision. Several earlier reports by other workers have shown that deuteranomalous individuals (and a very few protanomalous) may pass a pseudo-isochromatic test of the Ishihara variety when using the usual mazda illumination. This is due to the fact that these types of tests are designed to be taken under 6500° K with a certain spectral distribution as standardized by the International Commission on Illumination (I.C.I.). Dr. Schmidt used an ordinary 6500° K fluorescent lamp and found that she missed detection of very few deuteranomalous subjects and those that were missed are due to the difference in spectral distribution of the illuminant. This article is a good argument for the installation of a fluorescent fixture in the optometric office where color vision testing is to be done since most colorblind individuals are of the deuteranomalous variety and this type of installation is relative inexpensive.

* * * * *

One of the many interesting projects supported by the Office of Naval Research is the development of a compass sensitive to polarized light. The

Bee and the Horseshoe Crab never lose their way due to their unique eye structure that makes these creatures sensitive to the reflected polarized light of the sky. Just how this takes place is still a mystery but dissection and investigation are going full force. The reason the government is so interested in this is that flight and navigation in the polar regions is quite difficult with the usual magnetic compass. Twice a year for eight days pilots are unable to fly across the pole because the standard magnetic compass is useless and because twilight makes celestial navigation impossible. If the bee and the horseshoe crab can do it, we ought to be able to simulate it.

* * * * *

Dr. Koomen, Scolnick, and Tousey report their findings in the January issue of J. O. S. A. on the "Measurement of Accommodation in Dimlight and in Darkness by Means of the Purkinje Images." Their experiment was devised so that a high speed electronic source was flashed and the Purkinje Images were photographed to see if accommodation had taken place at different levels of illumination. Their conclusion is that so-called night myopia is due to aberration of the eye and not due to any change in accommodation by change of curvature of the crystalline lens.

Want To Practice Optometry?

David L. Marcus

OKLAHOMA

Requirements—Oklahoma, as does a majority of the states, requires that the applicant for a license be a minimum of 21 years of age and a graduate of an optometry school conferring the degree of Doctor of Optometry, or its equivalent. The Board may, at its discretion, issue a certificate to practice to persons qualified who have established by legal proof their knowledge of optometry, as shown by previous examination in any state of the union, provided the examination of that state was an equal standard.

Ethics—The Oklahoma law states that it is considered unprofessional and unethical for a licensed optometrist to accept employment directly or indirectly from any unlicensed optometrist or person

engaged in any profession (except medicine) or business or to assist him in practicing optometry.

Opportunities—There are 285 registered optometrists in Oklahoma which has a population of 2,233,351. The 4000-1 ratio of population to optometrist could be upheld only if 273 more optometrists registered in Oklahoma. Is there room for you in this farming, oil state? The answer is unhesitatingly YES!

DELAWARE

Requirements—In order to apply for the Board examination the applicant must be 21 years of age. The examination includes a section on contact lenses.

(Please turn to page eleven)

For The Practicing Optometrist

Dr. Irwin Sarkin

I know that when I was in school a few short years ago, my fellow classmates and I never lost an opportunity to engage a practicing Optometrist in conversation to learn just how it was "out in the field". The practitioner may have graduated only a short time before, passed his Boards, and now had a brand new office whose bright shiny floors and new unmarked equipment had seen very little in the way of patients. But this made little difference. He was actually practicing and what he had to say was "practical." We realized that the theoretical knowledge we were acquiring in class and clinic rooms was important, but what we thirsted for was the practical. Here then are some "practical" observations which I have made in the course of almost two years in an average professional practice.

First, it seems to me that too many students are graduated from school with an inferiority complex concerning Optometry. They are defensive in their attitude, to their own and to Optometry's detriment. This attitude is far from an asset in establishing a practice. The inferior position which we assume in our own minds is easily discernable to your actual or potential patients and lowers you in their eyes. They lose confidence. It is essential that you feel thoroughly and sincerely that you are better able to do your particular job than any other type of practitioner. This feeling will communicate itself to your patient and you will benefit.

Something which you will encounter early in practice is a great deal of factionalism. There are many who claim that Optometry should be practiced along their particular narrow lines. You will hear all kinds of fee structures and systems argued about. The upstairs vs. downstairs factions will be heard from. All these problems, however, should not be allowed to confuse you. Practice and do what you feel is natural. If your common sense tells you to do things along particular lines, do it in just that way—consistent, of course, with Optometric ethics. This suggestion is made because so often a new practitioner will seek to establish his practice in a certain pattern which may be natural to those advocating it but foreign to his own personality and inclination.

Another observation I would like to make is the importance of proper fitting, both as to style and

adjustment. You see, you may have a very imposing office and your technique and skills may be superb. Perhaps you've uncovered some previously uncorrected refractive condition which now makes the patient much more comfortable and efficient. But let the right temple pinch behind the ear or the frame prove too heavy or the wrong color, and much of your very fine work in refraction will have gone for naught, at least in the eyes of the patient. My humble advice is to learn about all the modern styles in frames and how to adjust them well. I would practice adjusting as much as I would practice any of my other skills. Believe me, it is important.

In this connection, let me take up the subject of complaints. Yes, you will receive them just as we all do. You'll get a call from one of your patients saying, "Doctor, these glasses you gave me are no good. I can't wear them." You will hang up the phone and begin to wonder what you did wrong. You will go over your findings carefully, checking all possibilities. By the time the patient reaches your office, you will be in a lather of doubt and indecision. At this point, he enters saying, "Yes, these glasses are no good, they sometimes slip off my nose. Oh yes, they're fine for seeing, best I ever had—I'm very comfortable, too." Your doubt and indecision now turn to great relief and you proceed to do the necessary minor adjustment.

You see, what has happened is that you experienced preconceived notions about what "no good" glasses are. You thought of it in terms of refraction and doubted your own conclusions. The patient's concept of unsatisfactory glasses was different from yours. What was trivial to you was immense to him. You laugh about it afterwards, but the chances are you'll do it again. Then it finally dawns on you to receive all complaints, especially over the phone, with placid confidence that it is some minor thing. If you look at it in this way, you will rarely be disappointed.

The foregoing, then, are some of the observations, in a rambling form, which I can make after a short time in practice. It's all practical and based upon personal experiences. Most likely, much of which I've described will happen to each of you. Perhaps not. If even one of you is helped just once by what I have written, then I will feel amply rewarded.

Optometric Events

by Thomas A. Couch

M. C. O. ALUMNI ASSOCIATION

At the January meeting of the Massachusetts College of Optometry Alumni Association, Dr. Harold Cline gave a review of visual acuity testing with emphasis on interpretation of the A. O. A. Visual Recognition Charts.

DR. PASCAL SPEAKS

At the last meeting of the Omega Epsilon Phi, national optometric fraternity, Dr. Joseph J. Pascal, O.D., M.D., concluded his lecture on "Method of Concordance in the Diagnosis of Strabismus."

At the meeting, which was held at the Park Sheraton Hotel, New York City, plans were also voiced for instituting a group accident and sickness insurance plan.

ANISEIKONIA LAB ADDED

At the beginning of this semester the Junior Class had a section on aniseikonia added to its physiological optics course. The section will include a long series of laboratory demonstrations and exercises.

The equipment consists of a tipping board, series of eikonic lens, a small scale leaf room (for space distortion), a small table model space eikonometer contributed by Prof. Adelbert Ames of the Associated Research Institute of Hanover, N. H., and a large model space eikonometer which is an exact duplicate of that developed by the Dartmouth Eye Institute.

POST-GRAD ORTHOPTICS COURSE

The New Jersey Optometric Association and the Rutgers University Extension Division are jointly conducting a series of four post-graduate courses in orthoptics and vision training. The first of the series was held February 3 with Dr. Daniel Woolf, lecturer.

ILLINOIS CURBS VIOLATORS

The Illinois Department of Registration and Education has had its State Inspectors "turning on the heat" in an effort to enforce the strict regulations of the new Illinois Optometry Act which forbids the use of neon signs and window displays, among other restrictions.

STATE BOARDS EXAMINATIONS

In reply to the students that requested information about obtaining state board examinations, a book has been written by Dr. Harry E. Pine, O.D., Past President of the A. O. A., entitled "State Board Questions and Answers." The cost is \$4.00 and can be obtained by writing to the Professional Press, 5 N. Wabash, Chicago, Illinois.

VISION RESEARCH GRANTS

The National Council to Combat Blindness are accepting applications for the 1953-54 grant-in-aid awards. Optometrists desiring aid to further their investigations in vision can obtain application forms from the Secretary, National Council to Combat Blindness, Inc., 1186 Broadway, New York 1, N. Y.

"SAVE YOUR VISION"

March 1-7 will be proclaimed as "Save Your Vision" Week. The A. O. A. Department of Public Information has released to optometric groups a kit including releases for newspaper publication, radio "shorts," posters, etc.

B. V. I. WEEK

The first week in February the supply houses attempted to enroll several thousand optometrists in the Better Vision Institute. Their results are as yet unknown, but it's strange why optometry has been so slow in supporting the BVI. This organization has done more to help the public realize that eye care is and should be done on a professional basis, and every optometrist has benefited in the BVI's 24 years existence. You can send your \$10 membership dues to the BVI, 630 Fifth Ave., Rockefeller Center, N. Y., today. It's a sound investment in your practice.

TAKE NOTICE

In the school library there are two copies of a book written by Ralph Barstow entitled, "How To Be a Success In Optometry." This book is of special interest to all Seniors and Freshmen as it includes an introduction to optometry and valuable information about establishing a practice.

Contributed by David Marcus

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EDITORIAL

In lieu of the approaching "Building Fund Drive" inauguration, the editorial board is pleased to be able to replace the usual editorial with the following letter. With the hope that this extremely fine and far-sighted gesture will initiate other such contributions, we present a reprint of this letter sent to Dr. Green on January 3, 1953 by Dr. Joseph Miller of East Greenwich, Rhode Island:

Dr. Ralph H. Green
Massachusetts College of Optometry
178 Newbury Street
Boston, Mass.
Dear Dr. Green:

It gives me great pleasure to be able to make a gift to the Massachusetts College of Optometry, where I received my preparation for the practice of Optometry. I am enclosing my pledge for \$1,000.00, which is my contribution to the building Fund of the College. But this money in no way fully represents my feeling of gratitude for the excellent training that I received at the College.

I realize and appreciate the many advancements made by the College which reflect credit

upon the profession in general and upon M. C. O. graduates in particular. I feel confident that when this matter is called to the attention of other alumni, they, too, will respond as I have.

We, the Alumni, should be most grateful to you and to the other members of the Board of Trustees who had the courage and vision to improve the physical facilities of the College and to particularly strengthen the curriculum and teaching staff, so that today M. C. O. is one of the leading schools of Optometry in the country.

If I can be of assistance in making your drive for funds the success it should be, please do not hesitate to call upon me.

With my sincerest wish for an "Over the Top, Building Fund Drive."

Very truly yours,

(Signed) Joseph Miller, O.D.

CAMERA—(Continued)

pass through the lens and, at the same time, eliminate the possibility of movement on the film.

Included on most cameras are two settings called a "time" setting and a "bulb" setting. These two settings require a steady support. The "bulb" is best where exposures are 2 or 3 seconds. "Time" is best for longer exposures.

Now let us correlate the "lens speed" with the "shutter speed." Of greatest importance in photography is adjusting the lens and shutter to secure accurate exposure. Although some variation is permissible, it is desirable to have these adjustments as correct as possible. In my last article, I mentioned that smaller stop openings result in increased depth and larger ones result in decreased depth. To get a sharp close-up picture with the background diffused we use a large stop opening. To get a picture in which both nearby and distant objects are in sharp focus we use a small stop. Compensation is secured by using a fast shutter speed with a large stop and a slow shutter speed with a small stop. For example: an exposure of 1/100 at F:4.5 is the same as 1/50 at F:6.3, 1/25 at F:9 or 1/10 at F:27.

The above is just an introduction into the problem of exposure. In my next article I will attempt to discuss different types of lighting and types of exposures used for these types. There are three factors that affect the exposure; first, the speed of the film; second, the amount and quality of light; and last, but not least, the type of subject. The first and last factor will be discussed in later articles.

SENIOR SFUMATO

Well, at least the Ophthalmic Optics exam didn't contain any questions about Embryology.

They laughed at Fulton. They laughed at Edison. They laughed at Martin and Lewis. They laughed at the fellow who began each lecture by asking, "Theoretical or Applied?"

Now that exams are over, we expect to see fewer edematous lids although, with only four months to go before the big play, time is approaching a plateau of prominence.

Two shovels are missing from the Janitor's closet. One was used to collect some Senior exams, but what happened to the other? I've looked closely, but there's no handle attached to the bottom of either of Anderson's shoes.

There were many who would have finished that physiological optics exam earlier, but they wasted much time, stubbornly searching for English sub-titles which they felt had to be around some place. Sinclair didn't need sub-titles. He assumed each bit of instruction to mean, "write until a noticeable hypertrophy envelops the writing hand."

The city made money on our Ocular Pathology exam, via the parking meters. I stand corrected if anyone used up a nickel's worth of exam time. Pauley was through quite early, and he left in a great hurry for some appointment. I first suspected his impatience when I saw him fly down Newbury Street with O'Toole riding piggy-back.

Wonder if it's true that one of our instructors carries his Keratometer under his arm when going to a home refraction. Most optometrists would use *both* arms. Then again, most optometrists would leave their phoropters in the office, and thus have both arms available.

The human mind is a strange instrument—or weapon (as you will). The most problematical, and controversial issue in regard to a course in Ethics seems to be how much and what type of entertainment is deductible. We know she's a great kid, Deckelbaum, but still . . .

Dave Sprecher dropped by to visit the school, during finals. He will enter the Chicago College of Optometry next year as a Junior. He greeted Slotnick with one of his old-time salutations that nearly sent the wrong party flying to Chicago.

Glasser is a little disturbed about the unreliable Boston weather. Wish there was some way to help him. His hairline can't absorb much more scratching. I suppose he's right about the weather. It changes almost as fast as the MCO faculty roster.

Rumor has it that a few errors are being committed in Clinic. This is not so. The interne who instructs his patient not to leave the room during keratometry is merely being over cautious. The thought that any person would forget to remove the +1.00, or would do a cross cylinder test without cross cylinders is absolutely ridiculous. You might as well accuse him of doing a monocular P.R.A., which is so silly that—hmm—PRA—I—er—hmm—I—PRA—*of course*, it's not a monocular test.

Television has hit the movies hard, but what about our loss in Orthoptics of the Tel-Eye-Trainer or, as it is sometimes called "The big instrument on the left, as you enter the room, with the case that holds those funny wheels. You know, the one on the left of the desk."

We feel justified that the painstaking effort we put in your Rx gives you the finest work in New England.

No detail is too small, no Rx too hard for our individual attention.

We welcome an opportunity to prove this high grade work will help you in your profession.

WILSON & HALFORD OPTICAL COMPANY

387 Washington Street

Boston 8, Mass.

With rumors being circulated that the M. C. O. Basketball quintet is going to travel to Philadelphia and play the Pennsylvania State College of Optometry team, it is only fitting that a tribute be acclaimed to Dr. Mitchel Kuhn. Dr. Kuhn, the amicable coach of the quintet, has united the players into a firm, proficient unit with a burning desire to win. This desire has flamed to a height where the Red Marauders league record is five wins and no losses.

Dec. 8. M. C. O. met Emerson and the Red Marauders scalped the Emersonites 65-50. "Big Bob" Brouillette lead the attack with 28 tallies. Wally Flynn came into the fray during the last quarter and rippled the cords for 10 markers. With Eiduks and Taylor in charge of the rebounds, the outcome of the game was inevitable from the beginning.

Dec. 17. With forward Al Greaves hitting from the sidecourts the Marauders led the New England College of Pharmacy at the half, 28-22. Any doubt as to the outcome was erased in the third period as Bob Brouillette bagged 7 goals and 6 shots from the foul line for 20 points. The outcome was M. C. O. 66, N. E. C. P. 52.

Brouillette broke the individual scoring record set by Marty Borsky (30) in 1951. He tallied 33.

Dec. 18. M. C. O. met Suffolk and after the game was over wished that it hadn't. The Suffolk Indians massacred the Marauders 96 to 74. Brouillette tallied 41 and led the scoring for both teams.

Jan. 7. M. C. O. came back to its winning ways trouncing Newton Jr. College 79-60. The reserves played a large portion of the game and proved that they're almost as adept as the starting five. Brouillette hit for 41 again, while Greaves and Eiduks tossed in 11 and 15 respectively. Co-Captain Mel Slotnick and Paul Taylor teamed up to take charge of the rebounds from the Newtonians.

Jan. 12. The Marauders went to Wellesley and managed to give Babson the business as they eked out a 74-73 victory. M. C. O. was paced by Brouillette (28) and Greaves (21).

The victors nearly dissipated a 10-point lead in the last period and were hanging on with seconds to go when reserve Dan Sullivan sank a foul shot giving the necessary margin for victory.

Jan. 29. M. C. O. met the Bunker Hill Boys' Club and lost 83-78. The game was nip and tuck until the last minute of the game when Bunker Hill

forged ahead and stayed there.

Feb. 3. At this time the Marauders were being called the "Wonder Team" and that night's victory showed why. The "Wonder Team" rolled to an easy 90-70 conquest over Newton Junior College. Bob "Bevo" Brouillette pumped in 24 goals and 6 shots for a total of 54. George Nissensohn swished in a beauty from midcourt that left the spectators gasping. Sid Green, number 13, showed why they call him the junior edition of the great Cousy.

Feb. 4. With injuries befalling the quintet faster than trainer John Janes could patch, the Marauders met Harvard Medical School, but before the game ended the Doctors-to-be were calling for succor as the Marauders triumphed 80-73. Ray Alie, a great playmaker, intercepted passes when not scoring on his own and finished with 11 markers. Three others also tallied double numbers. Brouillette (41), Flynn (10), and Co-Captain Eiduks (16).

Individual Scoring

Not indicative of time played

	Games	Goals	Fouls	Total
Alie	6	5	10	20
Brouillette ..	8	130	50	310
Eiduks	8	38	39	115
Flynn	7	12	13	37
Graham	4	0	0	0
Greaves	7	31	11	73
Green	7	2	5	9
Nissensohn ..	7	1	2	4
Slotnick	4	4	7	15
Sullivan	1	0	1	1
Taylor	8	6	15	27
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Totals	8	229	153	611

OPTOMETRY—(Continued)

Ethics—Unprofessional acts subject the optometrist to a revocation of license. Prohibited are such acts as display of frames or mounting, neon signs or decal eye, use of a professional sign bearing anything other than name, address, office hours, the title optometrist, and the specialty.

Opportunities—Delaware has 318,000 people with only 33 registered optometrists. This is also primarily an agricultural state with the large city of Wilmington dealing mainly in the manufacture of chemicals.

by Joe Ganz

Although it is becoming more difficult to write this column because of cramped quarters in the P.O.S. Fraternity Room, your basement correspondent has striven to garner all the news that's new to no one. With its ranks swelled by a large group of pledgees, P.O.S. is seriously thinking of undertaking a large real estate transaction which involves a swap of the spacious senior room for the Fraternity room. The Senior Class would probably be in favor, because it gets lonesome and cold on the third floor with half of the class commuting about Boston in various clinics. Moreover the older men, the senior-regulars would find it easier to get their "coffee and" between classes. Manny could also complete plans to have hot tea piped in, since hot water pipes already run through the Frat Room.

The Fraternity is pleased with the large number of pledgees, regardless of the crowded conditions, and is happy to welcome these men who have indicated their desire to join:

David Burstein	Warren Oberg
Marshall Cohen	Al Roy
Mel Golden	Al Schwartzberg
Mort Greendorfer	Isidore Sol
Art Isenberg	Joe Svagdys
John James	Bob Wilson

Earl Kelly
Frank McGrath

Roland Gaudette
Roger Twyman

Thanks to the photographic alertness of our Chancellor and Vice-Chancellor, pictures of the pledgees were taken during their hour of trial, and are posted on the P.O.S. Bulletin Board. Any resemblance to F.B.I. wanted pictures is purely purposeful.

Speaking of wanted men, Julie Shuldiner has been captured and dis-amored by Miss Janet Gursky of Brooklyn, N. Y., who is a medical assistant. Julie uses every week-end to go to the land of trees to teach her basic optometry so that she may assist him. Although we have no picture of the happily engaged couple, here is a description for imaginative minds: Janet wears O.D. plano; O.S.—1.00, in a blonde harlequin. Congratulations from the Fraternity to both of them.

Congratulations are also in order for Brother Billy Meyers who has opened his practice on Boylston Street, not far from the College—and to Brother Marc Peloquin, Sergeant-at-Arms, who carries the big stick during our meetings; he is once again a proud father, as yet, there has been no report of the retinoscopic findings of his newborn.

Happy the Patient



... whose eye care has included careful regard to style as well as Visual Correction. This lady is able to change her glasses as she changes her clothes to match the occasion because of her Optical Wardrobe.

SHURON OPTICAL COMPANY, INC.

Established in 1864

OMEGA EPSILON PHI

by Sam D'Agostino

Recently the Trustees of the College took a much-needed and forward-moving step by purchasing the Clinic at 472 Commonwealth Avenue. The building, located in the heart of Boston's medical center, is not far from the famous Lahey Clinic.

The acquisition of this building by the Trustees is just one more move toward establishing Massachusetts College of Optometry as a great permanent institution. It was a logical step which followed the transition of the college to a non-profit institution, the granting of the O.D., and the purchase of the present college building. It is assured that this is not the end of the vast program of the Trustees, but merely a beginning, to give the students and alumni the best optometric college in the nation.

The Trustees have always been generous. Now is the time to show our appreciation. The student body, past and present, is needed to help reduce the great financial burden imposed upon the college. Dances and raffles could be held; there are numerous ways by which these funds could be raised. Optometry benefits by having a lasting edifice bearing its name. Naturally, the student benefits directly and immediately — thus, the greater share of the burden should be borne by him. The Trustees do not expect any one group to pay for the building, but at least a gesture should be extended by all. As a group fostering optometry on a national scale, Omega Epsilon Phi will do all that it can to aid this project.

The college is represented in sports by its fine basketball team. Dr. Kuhn has an able squad, and the prospects for a successful season are most encouraging. The team plays well, but it seems to be for opponents' spectators. It is not right for the M. C. O. team to be denied the pleasure of playing for its own student body. Many of the games are no longer than one to one and one-half hours long. Generally, the admission is free. The only requirement is that you come to the game. To see good hard-played basketball, come to the games. The team needs your support.

The brothers of O. E. P. co-sponsor of the annual "EyeBall", hope that all who attended had a wonderful time and thoroughly enjoyed themselves. The student body was well represented but it was sad to see so few underclassmen there. We hope in the future the situation will be remedied and that a full turnout of all students will be present at our next "Eye-Ball." The "Eye-Ball" is never a closed affair and is opened to all students and faculty members. Both fraternities always extend a cordial invitation to all new students and their guests at the "Eye-Ball."

The O. E. P. fraternity is making plans for their annual Card and Beer party. This closed event is anticipated by the brothers who remember the grand time they had last year. All previous parties were huge successes and there is every indication that this year's will be bigger and better than any other. All the brothers will go into training in preparation for this event.

Another prominent Optometrist and lecturer is being invited to the school by the fraternity. Dr. Robert L. Berk will deliver an interesting and important lecture to all future optometrists. The entire student body is invited, and it is hoped that all will take advantage of this invitation.

NEWS ITEM . .

Following a meeting of the National Board of Examiners in Optometry in December in Chicago it was announced that the second annual examination will be given on June 29 and 30 and July 1, 1953. Part I will be given on Monday and Part II on Tuesday and Wednesday. Part III, will be given by scheduled arrangement with each applicant. The examinations will be given at convenient testing centers throughout the United States.

May 1, 1953 was set as the latest date for receiving applications for the examination. Copies of the 1952 examination questions are available from the Secretary at 25 cents per set. In 1952 only Part I was given.

National Board officers selected for 1953 are: Dr. Rudolph H. Ehrenberg, Granite Falls, Minnesota, President; Dr. John R. Uglum, Mitchell, South Dakota, Secretary-Treasurer; and Dr. William J. Goyer, Hattiesburg, Mississippi, Vice-President.

